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Obstetrics & Gnaecology Section

Survey of the Attitude to, the Knowledge and the Practice of Contraception and Medical Abortion in Women Who Attended a Family Planning Clinic

UMASHANKAR K.M., DHARMAVIJAYA M.N., JAYANTA KUMAR D.E., KALA K., ABED GULAB NAGURE, RAMADEVI

ABSTRACT

Objective: To assess the attitude to, the knowledge and practice of contraception and medical abortion in women attending the family planning clinic at the mvj medical college, hosakote, Bangalore, India.

Materials and Methods: Between 1st of August, 2011 and 31st of July, 2012 200 women attending family planning clinic of the mvj medical college, hosakote, Bangalore India of which 105 requested for medical termination of pregnancy (mtp), 95 for family planning advice, were interrogated on a structured questionnaire. The age of women ranged in between 20-45 years, 71 (35.5%) were illiterate, 30 (15%) had primary school education and 99 (49.5%) had diplomas from high school and above. Patients were grouped into low and high socio-economic status according to modified kuppuswamy socio-economic status scale: (i). upper class, (ii). Upper middle class, (iii). Middle class, (iv). Lower middle class, (v). lower class.consent of both husband and wife was taken. They were counseled about the various contraceptives available and allowed to choose whichever suited them best.

Results: Among the 200 women 85 (42%) did not use contraception; 51 (25.5 %) were on the barrier method; 49 (18.31%) used intrauterine devices (iud); 12 (6%) used oral pills and and 3 (1.5%) used other methods, the request for mtp was on grounds of unplanned pregnancy in 55.25% cases or failure of contraception in 44.7%. there was no eugenic indication of the women, 3 (1.5%) had heard about emergency contraceptives, however none had used them; 20 (10%) had heard of medical abortion and 12 (6%) had previously undergone mtp with satisfaction. the various methods of contraception accepted by the women post abortion were ocps by 11 (10.47%), iuds by 54 (51.5%) and female sterilization by 26 (24.71%). in the other group, 23 (24.2%) had iuds removed and reinserted; 37.8% had iuds inserted; 26 (27.36%) women underwent sterilization operation; and 6 (6.31%) had iuds removed opting for pregnancy. statistical analysis was done using spss software (Chicago) with χ^2 test taking p value of 0.05 as significant.

Conclusion: There is lack of awareness of emergency contraception and medical abortion in the women community under study.

Key Words: Contraception, Methods for family planning services, Medical abortion, Emergency contraception, Medical termination of pregnancy (MTP), Intrauterine devices (idus), Oral contraceptive pills (OCPS), Sterilization

INTRODUCTION

About one third pregnancies are unplanned and 20% pregnancies end in abortion, inspite of the increased contraceptive usage. There exist knowledge, attitude and practice with regards to contraception. The reasons why women do not use family planning methods are lack of knowledge and education, religious beliefs and fear of side effects.. There is a definite need of giving utmost importance to various family planning methods, especially regular contraception and emergency contraception [1].

MATERIALS AND METHODS

Two hundred women who attended the family planning clinic at the MVJ medical college in Bangalore, India for MTP or family planning advice between 1st of August 2011 and 31st of July 2012, were interrogated by using a structured questionnaire about family planning, as their attitude to, knowledge and practice of contraception, emergency contraception and medical abortions.

RESULTS

Among the 200 women who attended the family planning clinic, 105 (52.5%) came for MTP and 95 (47.5%) came for advice on

family planning. The data which was acquired on the history and the demographics of the women, have been shown in [Table/ Fig-1].

[Table/Fig-2] shows the knowledge and the practice of contraception, medical abortion and the indication for MTP in these women. 85(42.5%) were not on contraception and 51(25.5%) were using the barrier method. The more reliable methods like intrauterine devices and oral pills were used by 18.3% and 6% women, respectively. A total of 10% had heard of medical abortion, but only 6% of them had used it. The knowledge on emergency contraceptives was even poorer, only 3(1.5%) women having heard of it, while none of them had ever used it. The indications for MTP were unplanned pregnancies in 55.25% women and failure of contraception in 44.7% women .

[Table/Fig-3], [Table/Fig-4] shows the methods of contraception which were accepted by the women. Of the 105 MTP cases, (51.5%) accepted intrauterine devices and 24.7% preferred permanent sterilization, while oral pills and barrier methods were used by only 10.47% and 13.3% of the women, respectively. Among the 95 women who sought family planning advice, a change

| SII. No. | Characteristics | No. of women (n=200) | Percentage (%) |
|----------|--|----------------------------------|-----------------------------|
| 1. | (i) Medical termination of pregnancy cases (ii) Family planning advice | 105 95 | 52.5 47.5 |
| 2. | Age Range Meanage | 20-45 yrs 30.5 yrs | |
| 3. | Parity 0 1 2 3 4 ≥4 | 00 70 80 21 16 13 | |
| 4. | Education Illiterate Primary School High School and above | 71 30 99 | 35.5 15 49.5 |
| 5. | Socio-economic status Upper class Upper middle class Middle class Lower middle class Lower class | 18 62 85 16 19 | 4 31 42.5 8 9.5 |

[Table/Fig-1]: Gynecological and demographic characteristics of the women studied

| SII. No. | Characteristics | No. of women (n=200) | Percentage (%) | |
|----------|---|----------------------------|-----------------------------|--|
| 1. | Use of contraception | | | |
| | i) No contraception (ii) Barrier method iii) Intra uterine device iv) Oral pills v) Others | 85 51 49 12 | 42.5 25.5 24.5 6 | |
| 2. | Knowledge of medical abortion | | | |
| | i) Heard of medical abortion ii) Used medical abortion | 20 12 | 10 6 | |
| 3. | Knowledge of emergency contraception | | | |
| | I) Heard of emergency contraception ii) Used emergency contraception | 3 | 1.5 0 | |
| 4. | Indication for medical termination of pregnancy (n=105 | | | |
| | I) Unplanned pregnancy ii) Failure of contraception iii) Eugenic indication | 58 47 0 | 55.25 44.75 0 | |
| 5. | Socio-economic status | | | |
| | i) Upper class ii) Upper middle class iii) Middle class iv) Lower middle class v) Lower class | 18 62 85 16 19 | 4 31 42.5 8 9.5 | |

[Table/Fig-2]: Knowledge and practice of contraception, medical abortion and indication for medical termination of pregnancies (MTP) (n=200)

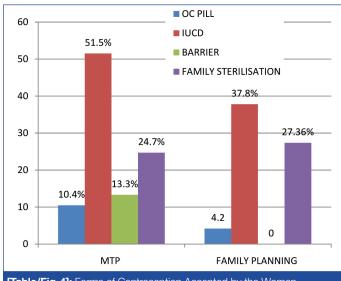
of IUDs and insertion of IUDs were accepted by 24.2% and 37.8% women respectively, while female sterilization was accepted by 26 (27.36%) women; 4 (4.21%) opted for oral contraceptive pills. 6 (6.31%) had the IUD removed for a trial of pregnancy.

DISCUSSION

There are a variety of methods of regular contraception which are available for the individual choice of a woman, which include

| SII. No. | Characteristics | No. of women (n=200) | Percentage (%) |
|----------|---|----------------------------|---------------------------------------|
| 1. | Group I MTP cases (n=105) 105 | | |
| | Oralpills Intra uterine device Female sterilization Barrier method | 11 54 26 14 | 10.47 51.5 24.7 13.3 |
| 2. | Group II Family planning seekers (n=95) 95 | | |
| | Change of intrauterine device Insertion of intrauterine device Removal of IUD fortrial of pregnancy Femalesterilization OCPs | 23 36 6 26 4 | 24.2 37.8 6.31 27.36 4.21 |

[Table/Fig-3]: Forms of contraception accepted by the womer



[Table/Fig-4]: Forms of Contraception Accepted by the Women

natural methods, barrier methods, oral pills, intrauterine devices, progestogen injections and permanent methods in the form of female and male sterilizations [1-3]. India was the first country in the world to formulate a National Family Planning Programme in 1589 and it gave due importance to it by taking up subsequent Five Year Plannings [4]. Recently, The Tenth Five-Year Plan has also aimed at achieving demographic targets by focusing on eligible couples, to achieve their reproductive goals [5,6]. In spite of the availability of safe and effective contraception, the need for it has not been met, mainly due to the ignorance amongst women, especially in the rural and tribal areas [4]. Despite the availability of MTP, many women in the rural and tribal areas go to unqualified practitioners for unsafe abortions and they face life-threatening complications [7]. Medical abortions with the use of mifepristone and misoprostol are now available in India and they can be safely used in early pregnancy [8, 9]. There is a lack of awareness amongst many women about the availability of regular contraception and emergency contraception. This makes them more prone to unintended pregnancies and their complications [9,10]. The present study clearly showed that a very high percentage of women (42.5%) had not made use of any contraceptive method, while many (25.5%) had used less effective methods. The reliable and the most effective method of using oral pills was used by only 6% of the women. Only 10% of the women had heard of medical abortions and only 6% had used it. The knowledge on emergency contraceptives was even poorer; only 1.5% women had heard of it and none had used it.

Amongst the 105 women who had requested termination of their pregnancies, 55.25% had unplanned pregnancies and 44.7% of them had pregnancies due to the failure of contraceptives. After MTP, 51.5% of them had an intra-uterine device inserted and 24.7% had undergone sterilization. Among the family planning seekers, a majority of the women opted for IUDs or permanent tubal sterilizations [12-14]. In the present study, a very high prevalence of unwanted pregnancies were due to a lack of the use of regular contraception, lack of knowledge and the use of emergency contraception.

REFERENCES

- [1] Trusell J. Contraceptive efficacy, in: Hatcher RA, Trusell J, Stewart F, et al. (eds). Contraceptive Technology,17th ed. Irvington Publishers, New York, NY;1998.
- [2] Kenny L. Contraception, sterilization and termination of pregnancy, in Luesley DM, Baker PN (eds), Obstetrics and Gynecology. An evidencebased text for MRCOG. Arnold, London, 1Stedition 2004;514-23.
- [3] Task force on post-ovulatory methods of fertility regulation. Randomized controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for emergency contraception. *Lancet.* 1998;352:428-33.
- [4] Nanda AR. Understanding the unmet needs for contraception and challenges for meeting the same in India. In Chatterjee A, Mahapatra PD(eds), Obst Gyn. Highlights: an evidence based review,1st edition. *Modern Graphica*. Kolkata. 2006;346-54.
- [5] National Population Policy-2000, Government of India, New Delhi.
- [6] Planning Commission: Tenth five-year plan, 2002-07, Government of India, New Delhi.

- [7] World Health Organization. Unsafe abortion–A world wideproblem, safe motherhood issue 28, WHO Geneva. 2000.
- [8] Mittal S. Combination on National Consensus for medical abortion in India. Proceedings andrecommendations, WHO-CCR in Human reproduction. Department of Obstetrics and Gynecology, AllMS, Ministry of Health and Family Welfare, Government of India and ICMR. New Delhi, 2003.
- [9] Royal College of Obstetricians and Gynecologists. Care of women requesting induced abortions. Evidence based clinical guidelines no. 7. RCOG Press, London. 2004.
- [10] 10. Bongaarts J. The KAP Gap and Unmet need for contraception. Population and Development Review.1991;17:293-313.
- [11] Smith BH, Guney EM, Aboulela L, Templeton A. Emergency contraception: a surveyof womens knowledge and attitudes. *Br J Obstet Gynaecol.* 1996 Nov;103(11):1109-16.
- [12] Sharma JB, Malhotra M, Joshi D, Arora R. Survey of the patient's views on awareness, information choices and care during labor in a teaching hospital. *J Obstet Gynecol Ind.* 2003 May/June; 53(3): 252-56.
- [13] Sharma JB, Sharma K, Sarin V et al. A study of maternal awareness and participation during cesarean section. *J Obstet Gynecol Ind.* 2001;51(1):37-39.
- [14] Sharma JB, Newman MR, Boutchier JE et al. A national audit in breech deliveries in the United Kingdom. *Int J Gynecol Obstet.* 1997; 5:103-08.
- [15] Sharma JB, Malhotra M, Gupta S et al. A preliminary survey of patients views on awareness, information, choices and expectations in women undergoing hysterectomy. *J Ind Med Assoc.* 2004;102:304-08.

AUTHOR(S):

- 1. Dr. Umashankar K.M.
- 2. Dr. Dharmavijaya M.N.
- 3. Dr. Jayanta Kumar D.E.
- 4. Dr. Kala K.
- 5. Dr. Abed Gulab Nagure
- 6. Dr. Ramadevi

PARTICULARS OF CONTRIBUTORS:

- Assistant Professor, MVJ Medical College & Research Hospital, Obstetrics and Gnaecology.
- 2. Associate Professor, MVJ Medical College & Research Hospital, Obstetrics and Gnaecology.
- 3. Professor, MVJ Medical College & Research Hospital, Obstetrics and Gnaecology.
- Assistant Professor, MVJ Medical College & Research Hospital, Obstetrics and Gnaecology.
- 5. Senior Resident, MVJ Medical College & Research Hospital, Obstetrics and Gnaecology.

6. Junior Resident, MVJ Medical College & Research Hospital, Obstetrics and Gnaecology.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Umashankar K.M.,

Assistant Professor, MVJ Medical College & Research Hospital, Obstetrics and Gnaecology.

Phone: 9986909374

E-mail: ukumashankar@gmail.com

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